

UNITED STATES DISTRICT COURT
DISTRICT OF OREGON

Plaintiff(s),

vs.

Case No:

**APPLICATION FOR SPECIAL
ADMISSION - *PRO HAC VICE***

Defendant(s).

As local counsel in the above captioned case and in accordance with LR 83.3, I am recommending the following attorney for admission *pro hac vice*:

1. **Pro Hac Vice Attorney Certification:** I have read and understand the requirements of LR 83.3, and certify that the following information is correct:

(A) Personal Data:

- (1) Name:
- (2) Firm or Business Affiliation:
- (3) Mailing Address, City, State and Zip Code:
- (4) Business E-mail Address:
- (5) Business Telephone Number:
- (6) Fax Telephone Number:

(B) Bar Admissions Information: I certify that I am now a member in good standing of the following State and/or Federal Bar Association:

- (1) State Bar Admissions: Name of court; admissions standing, date of admission, and BAR ID number.
- (2) Federal Bar Admissions: Name of court; admissions standing, date of admission, and BAR ID number.

(C) Certification of Disciplinary Proceedings:

___ I certify that I am not now, nor have I ever been, subject to any disciplinary action by any state or federal bar association or administrative agency; or,

___ I certify that I am now, or have been subject, to disciplinary action from a state or federal bar association or administrative agency. (Attach a letter of explanation to this application.)

(D) Certification of Professional Liability Insurance: I have a professional liability insurance policy which is current and will apply in this case, and that policy will remain in effect during the course of these proceedings.

(E) Representation Statement: I am representing the following party(s) in this case:

(F) CM/ECF Registration: Concurrent with approval of this *pro hac vice* application, I acknowledge that I will automatically be registered to access the court's Case Management/Electronic Case File system. (See ecf.ord.uscourts.gov). I consent to electronic service pursuant to Fed. R. Civ. P 5(b)(2)(D) and LR 100.2(c)

2. Certification of Associated Local Counsel: I certify the information contained in this application is true, that I am member in good standing of the Bar of this Court, that I have read and understand the requirements of LR 83.3, and that I will serve as designated local counsel in this particular case.

DATED this _____ **day of** _____, **200**_____.

(Signature of Local Counsel)

Typed Name and Oregon State Bar ID Number

Firm or Business Affiliation

Mailing Address, City, State & Zip Code

Business E-mail Address

Business Telephone Number

(Signature of Pro Hac Counsel)

Typed Name

Firm or Business Affiliation

Mailing Address, City, State & Zip Code

Business E-mail Address

Business Telephone Number

COURT ACTION

_____ Application approved subject to payment of fees
_____ Application approved and fee waived
_____ Application denied

Date

United States District Judge

cc: Counsel of Record